

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003662

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

583

STATE FILE NUMBER

FILED JAN 19 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ST. LOUIS, MISSOURI

Length of stay in 1b

11 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION4438^a MANCHESTER

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

4438^a MANCHESTER

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CARL

Middle

NMN

Last

DIAMOND

4. DATE
OF
DEATH

Month

Day

Year

JANUARY

13,

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8-25-1919

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Welder

10b. KIND OF BUSINESS OR INDUSTRY

Fed. Pacific Electric

11. BIRTHPLACE (City and state or country)

CAPE GIRARDEAU, Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

WILL DIAMOND

13b. MOTHER'S MAIDEN NAME

EFFIE MUSGRAVES

14. NAME OF HUSBAND OR WIFE

VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS VIRGINIA DIAMOND

St. Louis, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

COR PULMONALE

INTERVAL BETWEEN ONSET AND DEATH

10 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

EMPHYSEMA AND BRONCHIECTASIS

10 1/2 YEARS

DUE TO (c)

527.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

JULY 1951

to JAN. 8, 1962

and last saw her

JAN. 8, 1962

Death occurred at

2:30 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

1/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

1-13-62

23c. NAME OF CEMETERY OR CREMATORY

LOCAL

23d. LOCATION (City, town, or county)

CAPE GIRARDEAU Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

HAMAN

CAPE GIRARDEAU, Mo

25. DATE RECD. BY LOCAL REG.

JAN 13 1962

26. REGISTRAR'S SIGNATURE

Leon J. Smith, M.D.

324-2144 001115

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Proloff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.